

SELF-MONITORING (Version 2)

Name: _____

Date: _____

Directions: When you leave your seat, check the reason why.

MORNING

- ___ Sharpen pencil
- ___ Get a drink of water
- ___ Turn in math assignment
- ___ Turn in reading assignment
- ___ Use the restroom

AFTERNOON

- ___ Sharpen pencil
- ___ Pick up papers
- ___ Turn in journal
- ___ Get supplies
- ___ Use the restroom

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